

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization <u>Sarah Scanlan for Senate</u>		Employer identification number <u>92-0172931</u>
2 Mailing address (P.O. Box or number, street, and room or suite number) <u>PO Box 91481</u>		
City or town, state, and ZIP code <u>Anchorage, AK 99509</u>		
3 E-mail address of organization <u>scanlan@acsalaska.net</u>		
4a Name of custodian of records <u>Sarah Scanlan</u>	4b Custodian's address <u>PO Box 91481</u> <u>Anchorage AK 99509</u>	
5a Name of contact person <u>Sarah Scanlan</u>	5b Contact person's address <u>same</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
running for State Senate District I (Alaska)

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address

RECEIVED
AUG 04 2000

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **92-0172931**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Sarah Scanlan		3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1) Sarah Scanlan for Senate		
	4a Mailing address (street address) (room, apt., or suite no.) PO Box 91401		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Anchorage AK 99509		5b City, state, and ZIP code
	6 County and state where principal business is located Alaska, AK		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Farmers' cooperative |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Trust |
| <input checked="" type="checkbox"/> Other nonprofit organization (specify) ► political org. | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other (specify) ► | (enter GEN if applicable) |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
-------	-----------------

- 9 Reason for applying (Check only one box.) (see instructions)
- | | |
|---|---|
| <input type="checkbox"/> Started new business (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input checked="" type="checkbox"/> Other (specify) ► political org. |

10 Date business started or acquired (month, day, year) (see instructions)
June 1, 2000

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **NA**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural	Agricultural	Household
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

14 Principal activity (see instructions) ► **political**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)
		<input checked="" type="checkbox"/> N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►	Trade name ►
--------------	--------------

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
--	----------------------------	--------------

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(907) 277-0667

Fax telephone number (include area code)

(907) 277-0405Name and title (Please type or print clearly.) ► **Sarah Scanlan, candidate**Signature ► **Sa Scanlan**Date ► **7/31/00**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055N

Form **SS-4** (Rev. 4-2000)